

Dear Guidance Counselors:

Deadline: Monday, October 12, 2020.

Attached, please find your complete 2020 WYMT scholarship application package which includes the following:

The WYMT Mountain Classic Scholarship Form (submit 5)

Nominate 5 seniors based on academics (50% weight) and need factor (50% weight). **Proof of financial need is REQUIRED for consideration**. Details regarding the all Scholarship Awards Presentation will be at a later date.

The Ralph Gabbard Memorial Scholarship Form (submit ONLY 1)

Nominate 1 senior based on interest in the pursuit of a broadcast career, talent, and academics.

The *Tony Turner* Memorial Scholarship Form (submit ONLY 1)

Nominate 1 senior based on interest in the pursuit of a broadcast career, talent, and academics.

3 Deadline Options:

Postmarked by 5 p.m., Friday, October 9, 2020.

Emailed (edna.eldridge@wymt.com) by 11a.m. Monday, October 12, 2020.

Delivered to WYMT's main office by 11a.m. from Guidance Counselor (Only) by Monday, October 12, 2020.

If emailing, <u>request a delivery receipt.</u> (Go to your "Tools" tab, click "Options" and check the "Request A Delivery Receipt" box).

Questions? Call Edna Eldridge or Neil Middleton at WYMT-TV: 606.436.5757



The WYMT-TV Mountain Classic Scholarship Application

Deadline: Criteria:	Thursday, October 8, 2020 To your guidance counselor Submit FIVE High School Seniors who have proven academic performance and financial need. Performance and need carry equal weight. Proof of financial need is a requirement (include a copy of parent's W-2 + 1st page of Form 1040).						
Applicants: Guidance Counselor:	Complete and submit this form and financial proof to Guidance Counselor. Counselor to date, sign and mail FIVE selected applications for this scholarship directly to: Mountain Classic Scholarship Committee, P.O. Box 1299, Hazard, KY 41702						
Date:			Submitted	Ву:	uidance Counselor's Signatu		
Counselor Email:				Gı	uidance Counselor's Signatu	ıre	
Personal Infor	mation	(Pleas	e circle prefe	rred name, if	different from your f	first name)	
Name					oc. Sec. #		
Last		First	I	Middle			
Mailing Address							
				City	State	Zip	
Home Phone No. ()		Cell Phone/	Alternate Phon	ne No.()		
School Name							
School Principal			School	Phone No			
School Address							
Academics							
G.P.A(4.0 Scale) (w		ıss Ranking	g (i.e. 1 st in Cla	ss of 125)			
ACT Scores (minimum	,			,	scholarship)		
 English	<u></u> Mat	th	 Reading	Science	- Composite		
SAT or PSAT Scores			_	onal Test Score	s:		



Citizenship

School Activities A. Summarize Organizations/Offices Held/When
B. Summarize Other School Activities/When
Community Involvement A. Summarize Group Activities/When (Civic Clubs, Church, etc.)



B. Summarize Personal Service Activities/When (Tutoring, etc.)					
Student Statement Briefly state, in 50 to 75 words, why you wish to be considered for this scholarship, and what your field of study will be in college:					



Checklist

- \square Submit completed Application Form.
- □ Submit proof of Financial Need for scholarship consideration. Include Parent's W-2, first page of IRS Form 1040, etc.
- □ Submit two (2) Letters of Recommendation from teachers, and any other pertinent data to support your application.



The Ralph Gabbard Memorial Broadcast Scholarship Application

Deadine: Criteria:	Submit ONE High School Senior who is talented, has an interest in							
	communications, broadcasting, or journalism, and is considering a vocation in those							
A12	areas, or a			£:	- C-: 1 C1-			
Applicants: Guidance Counselor:					o Guidance Counselor or this scholarship dire			
Outdance Counselor.		-	_	* *	1299, Hazard, KY 41	•		
Data			•					
Date:		Submitted By: Guidance Counselor's Signature						
Counselor Email:					<u> </u>			
Personal Infor	mation	(Plea	- •	· ·	different from your fi			
Name				Soc	c. Sec. #			
Last		First		Middle				
Mailing Address								
				City	State	Zip		
Home Phone No. ()		Cell Phone/	Alternate Phone	e No.()	_		
School Name								
School Principal			Schoo	l Phone No				
School Address								
Academics								
G.P.A.								
(4.0 Scale) (w	eighted) Cl	ass Rankir	ng (i.e. $1^{ m st}$ in Cla	ass of 125)				
ACT Scores (minimun	n of 20 ACT	Composit	e required to q	ualify for this s	cholarship)			
English	<u></u>	ath	Reading	Science	Composite			
SAT or PSAT Scores	:		Any Addition	onal Test Scores:				
Vorbal Math								



Citizenship

School Activities
A. Summarize Organizations/Offices Held/When
B. Summarize Other School Activities/When
Community Involvement
A. Summarize Group Activities/When (Civic Clubs, Church, etc.)



B. Summarize Personal Service Activities/When (Tutoring, etc.)
Student Statement
Briefly state, in 50 to 75 words, why you wish to be considered for this scholarship, and what your field of study will be in college:



Checklist

□ Submit completed Application Form.
 □ Submit proof of Financial Need for scholarship consideration. Include Parent's W-2, first page of IRS Form 1040, etc.
 □ Submit two (2) Letters of Recommendation from teachers, and any other pertinent data to support your application.



The Tony Turner Memorial Broadcast Scholarship Application

Deadline: Criteria:	Thursday October 9, 2020 Submit ONE High School Senior who is telepted has an interest in						
Cincila.	Submit ONE High School Senior who is talented, has an interest in communications, broadcasting, or journalism, and is considering a vocation in those						
		related field		inansin, an	ia is constact	ing a vocation	iii tiiose
Applicants:			 this form and fir	nancial pro	of to Guidan	ce Counselor	
Guidance Counselor:			n and mail ONE	•			
			olarship Commi				
Date:			Submitted B	y:		nselor's Signatur	
					Guidance Cour	nselor's Signatur	'e
Counselor Email:							
Personal Infor	mation	(Pleas	e circle prefer	red name,	if different	from your fi	rst name)
Name					Soc. Sec. #		
Last		First	M	iddle			
Mailing Address							
				City		State	Zip
Home Phone No. ()		Cell Phone/A	lternate Ph	none No.()	
School Name							
School Principal			School I	Phone No			
School Address							
Academics							
G.P.A.							
(4.0 Scale) (w	eighted) Cl	ass Ranking	(i.e. 1st in Class	s of 125)			
ACT Scores (minimum	n of 20 ACT	Composite	required to qua	alify for th	is scholarsh	ip)	
English	Ma	nth	Reading	Science	Com	posite	
SAT or PSAT Scores	s:		Any Addition	al Test Sco	ores:		

	 	 	 Verbal
Math			



Citizenship

School Activities
A. Summarize Organizations/Offices Held/When
B. Summarize Other School Activities/When
Community Involvement
A. Summarize Group Activities/When (Civic Clubs, Church, etc.)



B. Summarize Personal Service Activities/When (Tutoring, etc.)					
Student Statement					
Briefly state, in 50 to 75 words, why you wish to be considered for this scholarship, and what your field of study will be in college:					



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Ch	ecklist	
	Submit completed Application Form.	
	Submit proof of Financial Need for scholarship consideration. Include Parent's W-2, first page Form 1040, etc.	ge of IRS
	Submit two (2) Letters of Recommendation from teachers, and any other pertinent data to support you application.	r